

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/508418**
APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 1 | | | | | |
| 6 | | ① | | | | |
| 7 | | ① | | | | |
| 8 | | ① | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | 1 | 1 | | | | |
| 14 | | 1 | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
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| TOTAL IND. | 6 | | | | | |
| TOTAL DEP. | 20 | | | | | |
| TOTAL CLAIMS | 26 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |